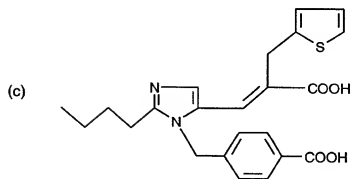
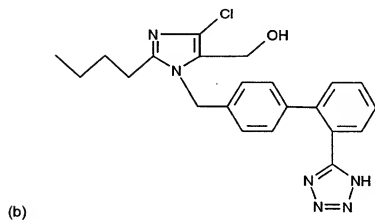
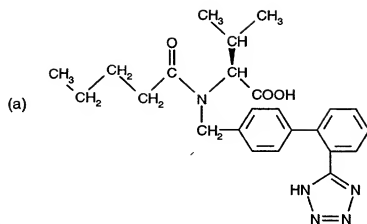
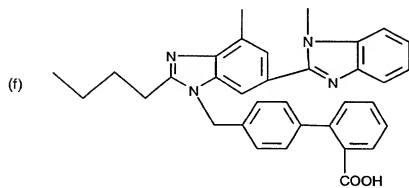
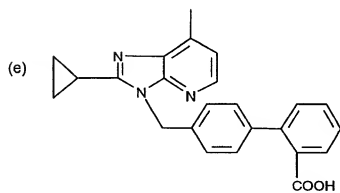
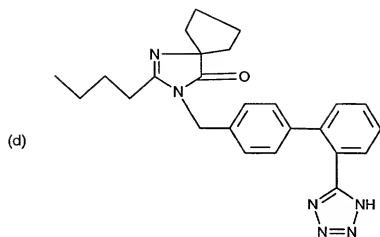


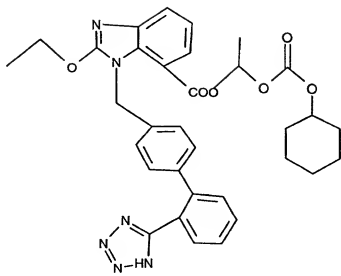
What is claimed is

1. Use of an AT₁ receptor antagonist or an AT₂ receptor modulator, respectively, or a pharmaceutically acceptable salt thereof, for producing a pharmaceutical preparation for the treatment of conditions or diseases associated with the increase of AT₁ receptors in the sub-epithelial area or increase of AT₂ receptors in the epithelia.
2. Use of an AT₁ receptor antagonist or an AT₂ receptor modulator, respectively, or a pharmaceutically acceptable salt thereof, for producing a pharmaceutical preparation for the treatment of treatment of obstructive airways diseases are selected from chronic obstructive pulmonary disease, such as bronchitis, e.g. chronic bronchitis and emphysema, likewise from asthma, cystic fibrosis, interstitial lung disease, invasive lung and invasive breast cancer, pulmonary vascular disease, and increased resistance to airflow during forced expiration, any such treatment may also be associated with the treatment of hypertension as well as both non-smokers and smokers; for the treatment of specific forms of lung conditions and diseases; for the treatment of adults respiratory distress syndrome (ARDS); for reducing the proliferative capacity of the epithelium invasive cancer; for the treatment of sepsis syndrome, lung injury forms, such as pneumonia, aspiration of gastric content, chest trauma, shock, burns, fat embolia, cardiopulmonary bypass, O₂ toxicity, haemorrhagic pancreatitis, interstitial and bronchoalveolar inflammation, proliferation of epithelial and interstitial cells, collagen accumulation, or fibrosis.
3. Use of an AT₁ receptor antagonist or an AT₂ receptor modulator, respectively, or a pharmaceutically acceptable salt thereof, for producing a pharmaceutical preparation for the treatment of treatment of chronic obstructive pulmonary disease, such as bronchitis, e.g. chronic bronchitis or emphysema, or of asthma.
4. Use of an AT₁ receptor antagonist or an AT₂ receptor modulator, respectively, or a pharmaceutically acceptable salt thereof, for producing a pharmaceutical preparation for the treatment of treatment of invasive lung and invasive breast cancer.
5. Use of an AT₁-receptor antagonist selected from the group consisting of:

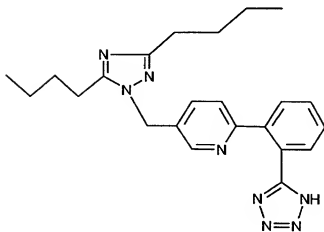




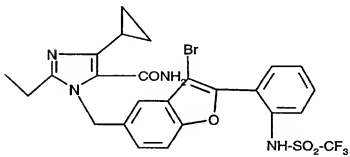
(g)

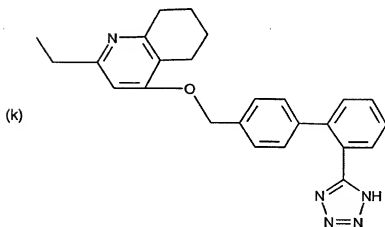
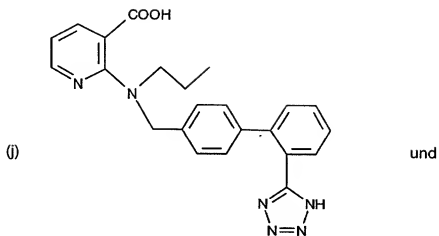


(h)



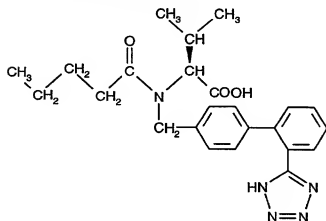
(i)





or, in each case, of a pharmaceutically acceptable salt thereof according to any one of claims 1-4.

6. Use of valsartan of formula



or of a salt thereof according to any one of claims 1-4.

7. A solid oral dosage form comprising valsartan in free form and more than 30% of microcrystalline cellulose by weight based on the total weight of the core components of said form.
8. A solid oral dosage form according to claim 7 comprising up to 65% of microcrystalline cellulose.
9. A solid oral dosage form according to claim 7 or 8 comprising less than 13% of crospovidone.
10. A solid oral dosage form comprising valsartan in free form and microcrystalline cellulose wherein the weight ratio of valsartan to microcrystalline cellulose is from 2.5 : 1 to 0.3 : 1.
11. A solid oral dosage form according to any one of claims 7 to 10 comprising 20 to 65% of valsartan.
12. A solid oral dosage form according to any one of claims 7 to 11 comprising 20 to 360 mg of valsartan.
13. A solid oral dosage form comprising
20 to 65% of valsartan
31 to 65% of microcrystalline cellulose
2 to 13% of crospovidone.
14. A unit solid oral dosage form comprising more than 250 mg and up to 360 mg of valsartan as an active agent.